

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : ORIGINAL			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY			
Address: 4 WORLD TRADE CENTER 150 GREENWICH STREET			
City: NEW YORK	State: NY	ZIP: 10007	
Contact:		Tel:	
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE		Tel: (516)781-3000	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
		Tel:	
OPERATION (D = Demolition / R = Renovation) : RENOVATION			
PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: HANGAR 7 SOUTH			
Address: LAGUARDIA AIRPORT			
Address: HANGAR 7 SOUTH			
City: FLUSHING	State: NY	County: QUEENS	
Site Location: Roof, exterior, CSS Storage Room, CSS Office Women's Room, Men's Room,			
Building Size: 100,000+	SqMeter:	SqFt:	# of Floors: 2
Age in Years: 75+			
Present Use: Other		Prior Use Other	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed		Non-friable Asbestos Material not to be removed
			Category I
			Category II
Pipes - Linear Feet	PIPE INSULATION 100 LF		
Pipes - Linear Meters			
Surface Area - Square Feet	DUCT INSULATION 590 SF WINDOW CAULKING/ GLAZING 464 SF ROOF FLASHING 700 SF FLOOR TILE 2,270 SF		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 5/2/2016	Completion: 5/2/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: **ASBESTOS TRANSPORTATION CO., INC.**

Address: **2 MORICHES MIDDLE ISLAND ROAD**

City: **SHIRLEY**

State: **NY**

ZIP: **11967**

Contact Person: **KENNY SMITH**

Telephone: **(631) 924-5050**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **MINERVA ENTERPRISES, INC.**

Address: **9000 MINERVA ROAD**

City: **WAYNESBEURG**

State: **OH**

ZIP: **44688**

Telephone: **(330)866-3435**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRANDE

4/22/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE

4/22/2016

Signature of Owner/Operator

Date